

B210A (Form 210A) (12/09)

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re Lehman Brothers Holdings Inc.

Case No. 08-13555

OMNIBUS TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Citigroup Global Markets Inc.
Name of Transferee

BPI Vida e Pensões, Companhia de
Seguros, SA, as authorized agent for the
claimants identified in the proofs of claim
below

Name of Transferor

Name and Address where notices to transferee
should be sent:

Citigroup Global Markets Inc.
390 Greenwich Street, 4th floor
New York, New York 10013
Attn: Marc Heimowitz
Phone: 212-723-1058
Email: marc.heimowitz@citi.com

Court Claim # (if known): 57621, 57624,
57625, 57626, 57629, 57632, 57668, 57670,
57671, 57673, 57674, 57677, 57678, 57680,
57681, 57683, 57684, 57686, 57688, 57690,
57691, 57693

Amount of Claims: See attached Schedule A
Date Claim Filed: October 30, 2009

Phone: 351213111010

Last Four Digits of Acct #: _____

With a copy to:

Paul, Weiss, Rifkind, Wharton & Garrison LLP
1285 Avenue of the Americas
New York, New York 10019
Attn: Douglas R. Davis
Phone: 212-373-3000
Email: ddavis@paulweiss.com

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 
Transferee/Transferee's Agent

Date: 8/12/11

Exhibit 1

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

FROM: []

BPI Vida e Pensões, Companhia de Seguros, SA (the "Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of a Claim Purchase Agreement dated as of the date hereof, hereby certifies that it has unconditionally and irrevocably sold, transferred, and assigned to Citigroup Global Markets Inc (the "Purchaser"), 26.5% (equal to US\$588,300,00) of its right, title, interest, claims and causes of action in and to, or arising under or in connection with the claims of the Seller against Lehman Brothers Holdings Inc. ("LBHI") (the "Debtor"), the debtor in Case No. 08 13555 (JMP) et seq. pending in the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"), and the related portion of Proofs of Claim (Numbers 57621, 57624, 57625, 57626, 57629, 57632, 57668, 57670, 57671, 57673, 57674, 57677, 57678, 57680, 57681, 57683, 57684, 57686, 57688, 57690, 57691, 57693) filed by Seller with the Bankruptcy Court in respect of the foregoing claim (the "Claim").

The Seller hereby waives any objection to the transfer of the claim to Purchaser on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law and stipulates that an order may be entered without further notice to Seller transferring to Purchaser the foregoing claim, recognizing this Claim Purchase Agreement as an unconditional assignment and the Purchaser as the sole and valid owner and holder of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Purchaser.

IN WITNESS WHEREOF, dated as of the 28th day of July, 2011.

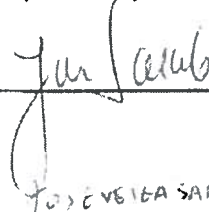
WITNESS:

(Signature)

(Print name and title of witness)

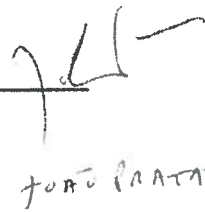
[SELLER]

By:



JOSE VEGA SARMIENTO

Director



JOSE PRATAS

POWER OF ATTORNEY

SCHEDULE A

Purchased Claim

\$2,220,000.00 of the outstanding amount of the Proof of Claim as of July, 28th 2011.

Debtor	Proof of Claim #	Outstanding Claim Amount
LEHMAN BROTHERS HOLDINGS, INC	57621	\$500,000.00
LEHMAN BROTHERS HOLDINGS, INC	57624	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57625	\$50,000.00
LEHMAN BROTHERS HOLDINGS, INC	57626	\$190,000.00
LEHMAN BROTHERS HOLDINGS, INC	57629	\$40,000.00
LEHMAN BROTHERS HOLDINGS, INC	57632	\$70,000.00
LEHMAN BROTHERS HOLDINGS, INC	57668	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57670	\$40,000.00
LEHMAN BROTHERS HOLDINGS, INC	57671	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57673	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57674	\$90,000.00
LEHMAN BROTHERS HOLDINGS, INC	57677	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57678	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57680	\$120,000.00
LEHMAN BROTHERS HOLDINGS, INC	57681	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57683	\$100,000.00
LEHMAN BROTHERS HOLDINGS, INC	57684	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57686	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57688	\$320,000.00
LEHMAN BROTHERS HOLDINGS, INC	57690	\$170,000.00
LEHMAN BROTHERS HOLDINGS, INC	57691	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57693	\$30,000.00
TOTAL:		\$2,220,000.00

57621, 57624, 57625, 57626, 57629, 57632, 57668, 57670, 57671, 57673, 57674, 57677, 57678, 57680, 57681, 57683, 57684, 57686, 57688, 57690, 57691, 57693

SCHEDULE B

Description of Security	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Amount	Coupon	Maturity	Accrued Amount (as of Proof of Claim Filing Date)
LEH StrNt 02/09/14	XS0242448578 / EF2554220	LEHMAN BROTHERS TSY BV	LEHMAN BROTHERS HOLDINGS, INC	US\$2,200,000	Linked to Nikkei 225 Index	09/Feb/2014	

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057693



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões IAPMEI
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009098 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY
FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



S. R.

PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPI 721009 000859380** POST/ZIP CODE:

DESTINATION: OR

PRODUCT: ZYX
DESTINATION: XYZ
SHIPMENT: DSH

DOX
Origin: LIS
10017 New York, United States
ZYP - TSS
U522
Date: 1/1
Shipment Weight: 1/1
Net code NA

Content description:

WAYBILL 5980836411
(2) 0810017 + 42000000
(J) 001 3038 8545 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>
Shipment Air Waybill
598 0836 411

1. Payer account number and insurance details
Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party
Payer Account No.:
Shipment Insurance see reverse
☐ Yes ☐ No (Not all payment options are available in all countries)

2. From (Shipper)
Shipper's account number: 307511177
Contact name:
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice):

Company name: BPI GESTAO DE ACTIVOS
Address: RUA BRAAMCAMP, 11-6
1250-049 LISBOA
Postcode/Zip Code (required): 1250-049LX
Phone, Fax or E-mail (required):

3. To (Receiver)
EPIS BANKRUPTCY SOLUTIONS, LLC
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEIHAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): NEW YORK 10017
Country: USA
Contact person:
Phone, Fax or E-mail (required):

4. Shipment details
Total number of packages: 1
Total Weight: 1.0
Dimensions in cm: Length x Width x Height: 1 x 1 x 1
Pieces: 1
Packing: 1

5. Full description of contents
Give content and quantity: 1 x 1 x 1

6. Non-Document Shipments Only (Customs Requirements)
Attach the original and four copies of a Proforma or Commercial Invoice
Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:
Declared Value for Customs: Harmonised Commodity Code if applicable:
Type of Export: ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes: ☐ Receiver ☐ Shipper ☐ Other (specify declared amount number)

7. Shipper's Signature (Signature required)
Signature: [Signature] Date: 29.10.09

8. Services
Domestic: ☐ International: ☐ Express: ☐ Insurance: ☐ Signature: ☐ Special Pick-Up: ☐ Delivery Modification: ☐ Other: ☐
DHL Global Mail: ☐ DHL Priority: ☐ DHL Standard: ☐ Other: ☐
DIMENSIONAL CHARGEABLE WEIGHT: kg or gr
CHARGES: Services: Other: Insurance: VAT: CURRENCY: TOTAL: TRANSPORT COLLECT STICKER No.:
Picked up by: [Signature] Route No.: Time: [Signature]

Consignee / Parcel copy TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York

Lehman Brothers Holdings Inc., Et Al.

08-13555 (JMP)

0000057621

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões BPI Aberto Valorização
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

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☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$500,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

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Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009092 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Volga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS LLC

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The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

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Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

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Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country Estados Unidos da América



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No:
CPL 721009 000859380

POST/ZIP CODE:

DESTINATION:
OR

Product: ZYX
Destination: XYZ
Barcode:

DOX - DHL
Origin: LIS
Day Time
Ship Date: 1/1
Ship Weight: 1/1
Rel code: NA

Content description:

Waybill: 5980836411
Barcode: (2) 5980836411
Barcode: (2) 5980836411
Barcode: (2) 5980836411

BEL HERE
Port Collect label)

DHL Express
Track this shipment via the DHL Web Site: <http://www.dhl.com>
Shipment Air Waybill
(When negotiated)

598 0836 411

1. Payer account number and insurance details
Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card
Payer Account No. _____
Shipment Insurance see reverse
☐ Yes ☐ No (Not all payment methods are available in all countries)

2. From (Shipper)
Shipper's account number **307 511 177** Contact name _____
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) _____
Company name **BPT GASTAD DE ACTIVE**
Address **RUA BIRHAMCAN 11-6**
1250-049 LISBOA
Postcode/Zip Code (required) **1250-049 LX** Phone, Fax or E-mail (required) _____

3. To (Receiver)
Company name **EPB BANKRUPTCY SOLUTIONS, LLC**
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITHMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required) **NEW YORK 10007** Country **USA**
Contact person _____ Phone, Fax or E-mail (required) _____

4. Shipment details
Total number of packages **1** Total Weight **1.0** Dimensions in cm: Length **10** Width **10** Height **10**

5. Full description of contents
Give content and quantity
RECEIVED
OCT 30 2009

6. Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial Invoice.
Shipper's VAT/GST number _____ Receiver's VAT/GST or Shipper's EIN/SSN _____
Declared Value for Customs (see on commercial invoice) _____ Harmonised Commodity Code if applicable _____
TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other _____

7. Shipper's declaration (Signature required)
Signature **Carla Mattioni** Date **29.10.09**
Picked up by _____ Route No. _____ Time _____

8. Services
☐ Domestic ☐ International ☐ Express ☐ Standard ☐ Other
Express 9 (10:30 to the USA)
Express 12
Express / Worldwide
Express Envelope
Other _____
Optional Services (extra charges may apply)
☐ Sunday Delivery ☐ Special Pick-Up
☐ Delivery Notification
DHL Global Mail
☐ DHL Priority ☐ DHL Standard ☐ Other _____
DIMENSIONAL CHARGEABLE (kg/m³)
kg _____ m³ _____
CHARGES
Services
Other
Insurance
VAT
CURRENCY TOTAL
TRANSPORT COLLECT STICKER No. _____

TOP

DHL Express Portugal, Lda Rua Cidade de Liverpool, 16 2º - 1159-009 Lisboa, Portugal nº P.C. 506731993 C.R.C. Mass nº 57.701 Capital Social 3.086.328,03 Euro
PT09/08 F19 PT NP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
--	---

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057624



THIS SPACE IS FOR COURT USE ONLY.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões BNP Paribas
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009106 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date: 06/10/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>José Veiga Sarmiento</u> José Veiga Sarmiento (Director)
---------------------	---

Miguel Morais Leitão
Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**




TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



		Track this shipment via the DHL Web Site: http://www.dhl.com		598 0836 411		ORIGIN CS	DESTINATION CODE 240
1. Payer account number and insurance details							
Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party		<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		Payer Account No.			
Shipment Insurance see reverse		<input type="checkbox"/> Yes <input type="checkbox"/> No		Not all payment options are available in all countries.			
2. From (Shipper)							
Shipper's account number 307511177		Contact name					
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)							
Company name BFI Gestao de Ativos							
Address Rua BRAMCAMP, 11-63 1250-049 LISBOA							
Postcode/Zip Code (required) Phone, Fax or E-mail (required) 1250-049 LX							
3. To (Receiver)							
ERIS BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEHMAN BROTHERS, HOLDING CLAIMS PROCESSING							
Postcode/Zip Code (required) Country NEW YORK 10017 USA							
Contact person Phone, Fax or E-mail (required)							
4. Shipment details							
Total number of packages 1		Total Weight 1.0 kg		Pieces 1		Dimensions in cm Length Width Height 1 x 1 x 1	
RECEIVED OCT 30 2009							
5. Full description of contents Give content and quantity							
6. Non-Document Shipments Only (Customs Requirement) Attach the original and four copies of a Proforma or Commercial Invoice. Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/SSN							
Declared Value for Customs (if an commercial/proforma invoice)				Harmonised Commodity Code if applicable			
TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays duties/taxes							
<input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other							
7. Shipper's agreement (Signature required) Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between myself and DHL and I/we agree that DHL's liability for loss, damage or delay and the shipper does not contain cash or dangerous goods (see reverse)							
Signature Date Lela Mattioli 29.10.09							
8. Services Domestic International Non-Document Express							
How all Services are available to and from home of business <input type="checkbox"/> Express 9 (10:30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express / Worldwide <input type="checkbox"/> Express Europe							
Domestic Services extra charges may apply <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-Up <input type="checkbox"/> Delivery Notification							
DHL Global Mail <input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> Other							
DIMENSIONAL/CHARGEABLE WEIGHT kg or							
CHARGES Services Other Insurance VAT							
CURRENCY TOTAL TRANSPORT COLLECT STICKER No.							
Picked up by Route No. Time							

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057625



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Aberto BPI Ações
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$50,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009110 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Meiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.


La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

		Track this shipment via the DHL Web Site : http://www.dhl.com		598 0836 411		ORIGIN 65		DESTINATION CODE 245	
Shipment Air Waybill (Item required)									
1 Payer account number and insurance details									
Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card							
Payer Account No.									
Shipment insurance see reverse		Not all payment options are available in all countries.							
<input type="checkbox"/> Yes <input type="checkbox"/> No									
2 From (Shipper)									
Shipper's account number 307513177		Contact name							
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)									
Company name BFI GESTAO DE ACTIVOS									
Address Rua BRAAMCARRIL 11-6 1250-049 LISBOA									
Postcode/Zip Code (required) 1250-049LX									
Phone, Fax or E-mail (required)									
3 To (Receiver)									
EPIB BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HOLDING CLAIMS PROCESSING									
Postcode/Zip Code (required) NEW YORK 10017									
Country USA									
Contact person Phone, Fax or E-mail (required)									
3 Shipment details									
Total number of packages 1		Total Weight 1.0		Dimensions in cm Pieces Length Width Height 1 x x x 1 x x x 1 x x x					
3 Full description of contents Give content and quantity									
RECEIVED OCT 30 2009									
4 Non-Document Shipments Only (Customs Requirement) Attach the original and four copies of a Proforma or Commercial invoice.									
Shipper's VAT/GST number		Receiver's VAT/GST or Shipper's EIN/SSN							
Declared Value for Customs (as on commercial/proforma invoice)		Harmonised Commodity Code if applicable							
TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary									
Declaration duties/taxes if left blank receiver pays duties/taxes									
<input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other									
7 Shipper's agreement (Signature required) Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between me/us and DHL and I/we accept these Terms and Conditions, and where applicable, the Warsaw Convention Rules and/or exclude DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).									
Signature Celia Mattioli		Date 29.10.09							
8 Services									
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Non Document		<input type="checkbox"/> Express <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelope							
Not all Services are available in all items at all locations									
<input type="checkbox"/> Express 9:10-10 to the USA <input type="checkbox"/> Express 11 <input type="checkbox"/> Express / Worldwide <input type="checkbox"/> Express Envelope									
Optional Services extra charges may apply									
<input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-Up									
<input type="checkbox"/> Delivery Reconfirmation <input type="checkbox"/> Other									
DHL Global Mail <input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> Other									
DIMENSIONAL/CHARGEABLE WEIGHT kg * gr									
CHARGES Services Other Insurance VAT CURRENCY TOTAL									
TRANSPORT COLLECT STICKER No.									
Picked up by Route No. Time									

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057626



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Aberto BPI Segurança
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: **\$190,000.00** (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): **XS0242448578** (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009099 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date:

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**




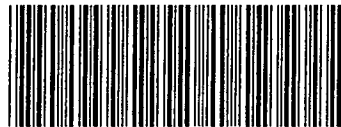
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



		Track this shipment via the DHL Web Site: http://www.dhl.com		DESTINATION CODE 05 240	
1 Payer account number and insurance details Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party Payer Account No. _____ Shipment Insurance see reverse <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Not all payment options are available in all countries.		598 0836 411	
2 From (Shipper) Shipper's account number 304511177		Contact name _____			
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) _____		4 Shipment details Total number of packages: 1 Total Weight: 1.0 Pieces: 1 Dimensions in cm: Length x Width x Height: 1 x 1 x 1		5 Services Domestic <input type="checkbox"/> International <input type="checkbox"/> Express <input type="checkbox"/> Insurance <input type="checkbox"/> Signature <input type="checkbox"/>	
Company name BPT GASTAO DE ACIVOL		Address 1250-049 LISBOA		6 Full declaration of contents Give contents and quantity OCT 30 2009	
Postcode/Zip Code (required) 1250-049LX		Phone, Fax or E-mail (required) _____		DIMENSIONAL/CHARGEABLE WEIGHT kg * g	
3 To (Receiver) EPIA BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HOLDING CLAIMS PROCESSING		8 Non-Document Shipments Only (Customs Requirement) Attach the originals and four copies of a Proforma or Commercial invoice Shipper's VAT/GST number _____ Receiver's VAT/GST or Shipper's EIN/SSN _____ Declared Value for Customs (as on commercial/proforma invoice) _____ Harmonised Commodity Code if applicable _____ TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays Subsidies _____ <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other		CHARGES Services _____ Other _____ Insurance _____ VAT _____	
Postcode/Zip Code (required) NEW YORK 10037		Country USA		CURRENCY TOTAL TRANSPORT COLLECT STICKER No. _____	
Contact person _____		Phone, Fax or E-mail (required) _____		Picked up by Route No. _____ Time _____	
DHL Express Portugal, Lda Rua Cidade de Liverpool, 16 2° 1159-009 Lisboa, Portugal P.C. 500731093 C.R.E. Mass nº 57.701 Capital Social 3.086.328,03 Euro PT0908 F19 PLM2					

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057632



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Centralcer
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$70,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009097 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5).

A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country Estados Unidos da América



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT/AWB No: CPL 421009 000859380

POST/ZIP CODE:

DESTINATION:
OR

PRODOT ZYX
DESTINATION XYZ

DHL
DOX
Origin LIS
10017 New York, United States
ZYP-TSS
U522

Day Time
Shipment Weight: 1/1
Date:
Rel code NA

Content description:

Waybill 5898086411
(2) U8 0017 + 42000000
UJ001 8039 8545 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT Air Waybill
(Non negotiable)

598 0836 411

ORIGIN US **DESTINATION CODE** 242

1 Payer account number and insurance details
Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card
Payer Account No. _____
Shipment Insurance (see reverse)
☐ Yes ☐ No (Not all payment options are available in all countries)

2 From (Shipper)
Shipper's account number 307511177 Contact name _____
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) _____
Company name BFI GUSTAD DE ACUS
Address 300 BROADWAY ST-6
1250-049 LISBON
Postcode/Zip Code (required) 1250-049LX Phone, Fax or E-mail (required) _____

3 To (Receiver)
EPIC BANKING SOLUTIONS, LLC
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEHMAN BROTHERS,
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required) NEW YORK 10007 Country USA
Contact person _____ Phone, Fax or E-mail (required) _____

4 Shipment details
Total number of packages 1 Total Weight 1.0 Dimensions in cm: Pieces Length Width Height
① x x x
② x x x
③ x x x
④ x x x

5 Full description of contents
Give content and quantity
RECEIVED
OCT 30 2009

6 Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST Number _____ Receiver's VAT/GST or Shipper's EIN/SSN _____
Declared Value for Customs (less on commercial/proforma invoice) _____ Harmonised Commodity Code if applicable _____
TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other (specify approved addressee number) _____

7 Shipper's agreement (Signature required)
I, the undersigned, agree in writing, to agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between myself and DHL and I hereby agree to these Terms and Conditions and, where applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and (2) the shipment does not contain cash or dangerous goods (see reverse)
Signature Celia Mattioni Date 29.10.09

8 Services
☐ Registered ☐ Insured ☐ International ☐ Customs ☐ Express
All of Services are available to our clients at no extra cost
☐ Express 9:10:30 to the USA
☐ Express 12
☐ Express / Worldwide
☐ Express Envelope
☐ Other _____
Optional Services (extra charges may apply)
☐ Saturday Delivery ☐ Special Pick-Up
☐ Delivery Modification
☐ Other _____
DHL Global Mail ☐ DHL Priority ☐ DHL Standard ☐ Other _____

9 DIMENSIONAL-CHARGEABLE WEIGHT
kg _____ g _____

10 CHARGES
Services _____
Other _____
Insurance _____
VAT _____
CURRENCY TOTAL _____
TRANSPORT COLLECT STICKER No. _____

11 Picked up by [Signature]
Route No. _____
Time _____

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 - 1195 009 Lisboa, Portugal - P.C. 500731993 - C.R.E. Alcan nº 57.701 Capital Social 3.086.328,03 Euro
PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057668



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Sorefame
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009100 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date: 06/10/2009
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPL 721009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: **XYZ**

ORIGIN: **LIS**

Day time

Shipments Weight: **1/1**

Date:

Rel code: **MA**

Content description:

DOX - DHL

10017 New York, United States

ZYP - TSS

U522

WAYBILL 98086411

(2) 0810017 + 42000000

(3) 01 3038 8545 8003 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill

598 0836 411

ORIGIN: **24**

DESTINATION CODE: **24**

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.:

Shipment Insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: **30V 511 177**

Contact name:

Company name: **BPT GESTAO DE ACTIVO**

Address: **RUA DIAMANTINHA 11-6**

1250-049 LISBOA

Postcode/Zip Code (required): **1250-049 LX**

Phone, Fax or E-mail (required):

3 To (Receiver)

Company name: **EPIS BANKRUPTCY SOLUTIONS, LLC**

Address: **757 THIRD AVENUE, 3RD FLOOR**

NEW YORK

ATTN: **LEITMAN BROTHERS**

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10017**

Country: **USA**

Contact person:

Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: **1**

Total Weight: **1.0**

Dimensions in cm: Pieces Length Width Height

5 Full description of contents

Give content and quantity:

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice

Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (see on commercial/proforma invoice): Harmonised Commodity Code (if applicable)

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes: ☐ Receiver ☐ Shipper ☐ Other

7 Shipper's agreement (Signature required)

Signature: **Carla Matos** Date: **29.10.09**

8 Services

Insurance: ☐ International ☐ Domestic ☐ European Union

Other services: ☐ Saturday Delivery ☐ Special Pick-Up ☐ Delivery Notification ☐ Other

DHL Global Mail: ☐ DHL Priority ☐ DHL Standard ☐ Other

CHARGES: Services, Other, Insurance, VAT

CURRENCY: **USD** TOTAL: **10.00**

TRANSPORT COLLECT STICKER No.:

Picked up by: **10/10/09**

Route No.:

Time:

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057670



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Tejo
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$40,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009108 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

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Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

SHIPMENT AWB No:
CPL 721009 000859380

POST/ZIP CODE:

DESTINATION:
OR

PRODUCT: ZYX
DESTINATION: XYZ

DOX
Origin: LIS
10017 New York, United States
U522 ZYP-TSS

Day Time
Shipment Weight: 1/1
Date:

Content description:

Waybill: 368086411
Waybill: 0017 + 42000000
Waybill: 3039 8545 8000 8222

BEL HERE
Sort Collect label)

DHL Track this shipment via the DHL Web Site: <http://www.dhl.com>
Shipment Air Waybill (Non-negotiable)

598 0836 411 **ORIGIN** **249** **DESTINATION CODE**

1 Payer account number and insurance details
Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card
Payer Account No.
Shipment Insurance see reverse
☐ Yes ☐ No

2 From (Shipper)
Shipper's account number: 307511177
Contact name:
Company name: BPT GUSTAO DE ALIVEZ
Address: 1250-049 LISBOA
Postcode/Zip Code (required): 1250-049LX
Phone, Fax or E-mail (required):

3 To (Receiver)
LEIS BAKKUPPT SOLUTIONS, LLC
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEHMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): NEW YORK 10037
Country: USA
Contact person:
Phone, Fax or E-mail (required):

4 Shipment details
Total number of packages: 1
Total Weight: 1.0
Dimensions in cm: Pieces Length Width Height
1 x x x
2 x x x
3 x x x

5 Full description of contents
Give content and quantity

6 Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial invoice:
Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN:
Declared Value for Customs (as on commercial/proforma invoice): Harmonised Commodity Code if applicable:
TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other

7 Shipper's agreement (Signature required)
I, the undersigned, agree in writing, to agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between DHL and me and I hereby agree to be bound by them and, where applicable, the Warsaw Convention (which excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse)).
Signature: Lela Mattioni Date: 29.10.09

8 Services
☐ Domestic ☐ International ☐ Express ☐ Non-Document ☐ Letter
No of Services are available to and from all countries
☐ Express 5 (10:30 to the USA)
☐ Express 12
☐ Express / Worldwide
☐ Express Envelope
☐ Other
Optional Services (extra charges may apply)
☐ Saturday Delivery ☐ Special Pick-Up
☐ Delivery Notification
☐ Other
DHL Global Mail
☐ Global Priority ☐ Global Standard ☐ Global

9 DIMENSIONAL-CHARGEABLE WEIGHT
kg

CHARGES
Services
Other
Insurance
VAT
CURRENCY TOTAL
TRANSPORT COLLECT STICKER No.

Picked up by
Route No.
Time

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2 - 1199-009 Lisboa, Portugal n.º P.C. 502731993 - C.R.C. Alameda n.º 57.701 Capital Social 3.086.328,00 Euro
PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057671



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Vista Alegre
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: **\$20,000.00** (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): **XS0242448578** (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009101 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. Pais/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Moraes Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPI 121009 000859380**

POST/ZIP CODE:

DESTINATION: OR

RETURN TO: ZYX

DOX - DHL

Origin: LIS

Day Time

Shipment Weight: 1/1

Date:

Content description:

10017 New York, United States

ZYP - TSS

U522

Ref code NA

WAYBILL 998086411

(2) U810017 + 42000000

(J) 001 3038 8545 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill

598 0836 411

ORIGIN: US

DESTINATION CODE: 249

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

Shipment insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: 304511177

Contact name:

Company name: BRI Gestão de Ativos

Address: Rua Britannica, 11-6

1250-049 LISBOA

Postcode/Zip Code (required): 1250-049

Phone, Fax or E-mail (required):

3 To (Receiver)

EPIS BANKRUPTCY SOLUTIONS, LLC

757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEHMAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): NEW YORK 10037

Country: USA

Contact person:

Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: 1

Total Weight: 1.3

Dimensions in cm: Length x Width x Height

5 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number:

Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs (see on commercial/proforma invoice)

Harmonized Commodity Code if applicable:

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

6 Shipper's Declaration (Signature required)

Signature: Carla Matos

Date: 29.10.09

7 Services

Domestic: ☐ International: ☐ International Document: ☐ International Non-Document: ☐ European: ☐ Global: ☐

8 Charges

Services: ☐ Insurance: ☐ VAT: ☐ CURRENCY: ☐ TOTAL: ☐

TRANSPORT COLLECT STICKER No.

Picked up by: [Signature]

Route No.:

Time:

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057673



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Symington
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009091 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

SHIPMENT AWB No: **CPL 321009 000859380**

POST/ZIP CODE:

DESTINATION: OR

DOX **EXPRESS** **LIB**

10017 New York, United States
ZYP - TSS
U522

Day Time
Shipment Weight: **1/1**
Date:

Content description:

WAYBILL 598086411
(21) 0810017 + 42000000
(1) 001 3038 8545 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill

598 0836 411

ORIGIN **DESTINATION CODE**

1 Payer account number and insurance details

Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No. **307511177**

Shipment Insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number **307511177** Contact name

Company name **BFL GUSTAD DE ACTIVOS**

Address **RUA DAMASCENAS 11-6**
1250-049 LISBOA
1250-049 LX

Postcode/Zip Code (required) **1250-049 LX** Phone, Fax or E-mail (required)

3 To (Receiver)

Company name **EPIS BANKRUPTCY SOLUTIONS, LLC**

Address **757 THIRD AVENUE, 3RD FLOOR**
NEW YORK
ATTN: LEITMAN BROTHERS
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) **NEW YORK 10017** Country **USA**

Contact person

4 Shipment details

Total number of packages **1** Total Weight **1.0** kg

Dimensions in cm

Pieces	Length	Width	Height
1	x	x	x
1	x	x	x
1	x	x	x
1	x	x	x

5 Full description of contents

Give content and quantity

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial Invoice

Shipper's VAT/GST **1250-049 LX** Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs **1250-049 LX** Harmonized Commodity Code if applicable

TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

7 Shipper's agreement (Signature required)

Signature **Carla Matos** Date **29.10.09**

8 Services

☐ Commercial ☐ International ☐ Insurance ☐ Express ☐ Document ☐ Other

☐ Express 9 (10.30 to the USA)

☐ Express 12

☐ Express / Worldwide

☐ Express Envelope

☐ Other

Charges / Services charges may apply

☐ Saturday Delivery ☐ Special Pick-Up

☐ Delivery Notification

☐ Other

☐ DHL Global Mail ☐ DHL Standard ☐ Other

9 DIMENSIONAL CHARGEABLE WEIGHT

kg **1.0** g

CHARGES

Services

Other

Insurance

VAT

CURRENCY **USD** TOTAL

TRANSPORT COLLECT STICKER No.

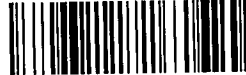
Picked up by **Carla Matos**

Route No.

Time

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 - 1198-005 Lisboa, Portugal n.º P.C. 500731993 C.A.E. Maa n.º 57.701 Capital Social 3.088.328,03 Euro
PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000057674 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Fundo de Pensões Unicer Rua Braamcamp, N.º 11, 7.º 1250-049 Lisboa PORTUGAL Telephone number: +351 213111010 Email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) Telephone number: Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$90,000.00 (Required) <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): XS0242448578 (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: <div style="text-align: center;">6009090 (Required)</div>			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <div style="text-align: center;">96942 (Required)</div>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY FILED / RECEIVED <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">OCT 30 2009</div> EPIQ BANKRUPTCY SOLUTIONS, LLC	
Date. 06/10/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="text-align: center;">José Veiga Sarmiento (Director)</div><div style="text-align: center;">Miguel Morais Leitão (Director)</div></div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Moraes Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

SHIPMENT AWB No:
CPL 721009 000859380

POST/ZIP CODE:

DESTINATION:
OR

Product: ZYX
Destination: XYZ

DOX
Origin: LIS
Day Time
Shipment Weight: 1/1
Date:
Rel code: MA

10017 New York, United States
ZYP - TSS
U522

Content description:

Waybill numbers:
WAYBILL 980836411
(2) US 10017 + 42000000
(3) 001 3038 8545 8000 8222

BEL HERE
Sort Collect label)

DHL EXPRESS Track this shipment via the DHL Web Site: <http://www.dhl.com>
Shipment Air Waybill (Non negotiable)

598 0836 411 **ORIGIN** **24** **DESTINATION CODE**

1 Payer account number and insurance details
Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card
Payer Account No. _____
Shipment insurance see reverse
☐ Yes ☐ No (At payment options are available in all countries)

2 From (Shipper)
Shipper's account number **307511177** Contact name _____
Company name **BFI GESTAO DE ACTIVOS**
Address **RUA BRAAMCAMP 31-6**
1250-049 LISBOA
Postcode/Zip Code (required) **1250-049LX** Phone, Fax or E-mail (required) _____

3 To (Receiver)
EPIS BANKRUPTCY SOLUTIONS, LLC
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITHMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required) **NEW YORK 10037** Country **USA**
Contact person _____ Phone, Fax or E-mail (required) _____

4 Shipment details
Total number of packages **1** Total Weight **1.3** Dimensions in cm: Length **30** Width **10** Height **10**

5 For documents and stamps
Give country and quantity **1**

6 Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial Invoice
Shipper's VAT/GST number _____ Receiver's VAT/GST or Shipper's EIN/SSN _____
Declared Value for Customs (see on commercial/proforma invoice) _____ Harmonized Commodity Code if applicable _____
TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other _____

7 Shipper's Declaration (Signature required)
Signature **Luca Martini** Date **29.10.09**

8 Services
Domestic ☐ International ☐ Express ☐ Insurance ☐ Signature ☐ Special Pick-Up ☐ Delivery Notification ☐ Other _____
DHL Global Mail ☐ Cash Payment ☐ Cash Standard ☐ Credit

CHARGES
Services _____
Other _____
Insurance _____
VAT _____
CURRENCY **TOTAL**
TRANSPORT COLLECT STICKER No. _____

Picked up by **Time** **Date**

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057677



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Socitrel
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009095 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Jose Veiga Sarmento
Jose Veiga Sarmento (Director)

Miguel Morais Leitão
Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

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c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION**Acknowledgment of Filing of Claim**

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S. R.

PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**




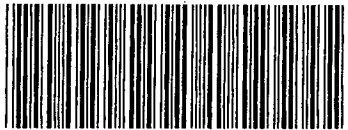
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:


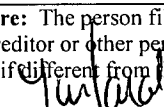
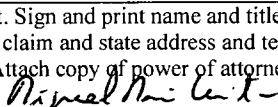
- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



		Track this shipment via the DHL Web Site: http://www.dhl.com Shipment Air Waybill (Non negotiable)		598 0836 411		ORIGIN US		DESTINATION CODE 246																															
1 Payer account number and insurance details Charge to: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Payer Account No. _____ Shipment Insurance see reverse _____ <input type="checkbox"/> Yes <input type="checkbox"/> No						2 Services <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Other <input type="checkbox"/> Express <input type="checkbox"/> Economy <input type="checkbox"/> Other																																	
2 From (Shipper) Shipper's account number _____ Contact name _____ 307-513 177 Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) _____ Company name _____ Address _____ RUA BARRAMCAN 31-63 1250-049 LISBOA Postcode/Zip Code (required) _____ Phone, Fax or E-mail (required) _____ 1250-049 LX				3 To (Receiver) ERIS BANKRUPTCY SOLUTIONS, LLC 1757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HOLDING CLAIMS PROCESSING Postcode/Zip Code (required) _____ Country _____ NEW YORK 10017 USA Contact person _____ Phone, Fax or E-mail (required) _____		4 Shipment details <table border="1"> <tr> <th>Total number of packages</th> <th>Total Weight</th> <th>Pieces</th> <th colspan="3">Dimensions in cm</th> </tr> <tr> <td>1</td> <td>1.0</td> <td></td> <th>Length</th> <th>Width</th> <th>Height</th> </tr> <tr> <td></td> <td></td> <td>④</td> <td>x</td> <td>x</td> <td>x</td> </tr> <tr> <td></td> <td></td> <td>⑤</td> <td>x</td> <td>x</td> <td>x</td> </tr> <tr> <td></td> <td></td> <td>⑥</td> <td>x</td> <td>x</td> <td>x</td> </tr> </table>				Total number of packages	Total Weight	Pieces	Dimensions in cm			1	1.0		Length	Width	Height			④	x	x	x			⑤	x	x	x			⑥	x	x	x
Total number of packages	Total Weight	Pieces	Dimensions in cm																																				
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		⑤	x	x	x																																		
		⑥	x	x	x																																		
5 Full description of contents Give contents and quantity _____ OCT 30 2009				6 Non-Document Shipments Only (Customs Requirement) Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/GST number _____ Receiver's VAT/GST or Shipper's EIN/SSN _____ Declared Value for Customs (if on commercial/proforma invoice) _____ Harmonised Commodity Code if applicable _____ TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays duties/taxes _____ <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other																																			
7 Shipper's agreement (Signature required) Unless otherwise agreed in writing, I agree that DHL's Terms and Conditions of Carriage are the terms of the contract between myself and DHL and I will fulfil Terms and Conditions and, where applicable, the Warsaw Convention Brants and/or excludes DHL's liability for loss, damage or delay and (12) this shipment does not contain cash or dangerous goods (see reverse) _____ Signature _____ Date 29.10.09				8 Transport Collect Picked up by _____ Route No. _____ Time _____																																			

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000057678  Y	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Fundo de Pensões Sogrape Rua Braamcamp, N.º 11, 7.º 1250-049 Lisboa PORTUGAL Telephone number: +351 213111010 Email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) Telephone number: Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$30,000.00 (Required) <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): XS0242448578 (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: <div style="text-align: center;">6009107 (Required)</div>			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <div style="text-align: center;">96942 (Required)</div>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;">FILED / RECEIVED OCT 30 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC</div>	
Date: 06/10/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"> José Veiga Sarmento (Director)</div><div style="text-align: center;"> Miguel Morais Leitão (Director)</div></div>		
<i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</i>			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

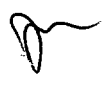
A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**




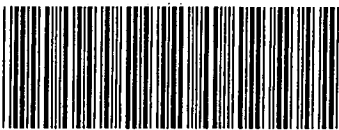
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
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- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



		Track this shipment via the DHL Web Site : http://www.dhl.com	
Shipment Air Waybill (Non-Registered)		598 0836 411	
1. Payer account number and insurance details Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash Payer Account No. <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Shipment Insurance see reverse <input type="checkbox"/> Yes <input type="checkbox"/> No		Not all payment options are available in all countries.	
2. From (Shipper) Shipper account number 307511777 Contact name Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)			
Company name BFI Gestao de Activos Address Rua Braamcamp 31-6 1250-049 LISBOA Postcode/Zip Code (required) 1250-049LX Phone, Fax or E-mail (required)		3. Shipment details Total number of packages 10 Total Weight 1.0 Pieces 10 Dimensions in cm: Length x Width x Height 10 x 10 x 10 Weight 1.0	
4. To (Receiver) ERIS BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEHMAN BROTHERS HOLDING CLAIMS PROCESSING Postcode/Zip Code (required) NEW YORK 10037 Country USA Contact person Phone, Fax or E-mail (required)		5. Full description of contents Give content and quantity 6. Non-Document Shipments Only (Customs Requirement) Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EUN/S Declared Value for Customs (attach on commercial proforma invoice) Harmonised Commodity Code (if applicable) TYPE OF EXPORT: <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays duties/taxes <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other	
7. Shipper's agreement (Signature required) Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are at the terms of the contract between myself and DHL and (if applicable) and/or exclusive DHL's liability for loss, damage or delay and (2) the shipper's responsibility for dangerous goods (see reverse). Signature Date 29.10.09		8. Services Domestic <input type="checkbox"/> International Document <input type="checkbox"/> International Mail Documents <input type="checkbox"/> European Union <input type="checkbox"/> Also all Services are available in and from all locations <input type="checkbox"/> Express 3 (11:30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Economy <input type="checkbox"/> Other Special Services (see charges near next) <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-Up <input type="checkbox"/> Delivery Notification Other DHL Global Mail <input type="checkbox"/> GMS Priority <input type="checkbox"/> GMS Standard <input type="checkbox"/> Other DIMENSIONAL CHARGEABLE WEIGHT kg * gr CHARGES Services Other Insurance VAT CURRENCY TOTAL TRANSPORT COLLECT Shipment No. Picked up by Route No. Time	

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP)

0000057680



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões ICP
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$120,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009093 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Jose Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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Claim

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**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

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Acknowledgment of Filing of Claim

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Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. Pais/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

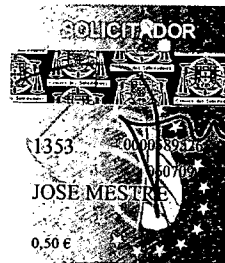


TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Moraes Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPI 1009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: **XYZ**

DESTINATION: **XYZ**

DOX

Origin: **LIS**

Day Time

Shipment Weight: **1/1**

Date:

Rel code: **NA**

10017 New York, United States

ZYP - TSS

U522

Content description:

WAYBILL 598083411

(2) US 10017 + 42000000

(3) JD01 3039 5545 8000 8222

BEL HERE
not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill (Non negotiable)

598 0836 411

ORIGIN: **US**

DESTINATION CODE: **240**

1. Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

Shipment Insurance see reverse

☐ Yes ☐ No

2. From (Shipper)

Shipper's account number: **307512177**

Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: **BPI Gestao de Ativos**

Address: **AVA BRAMCAMP, 11-6**

1250-049 LISBOA

Postcode/Zip Code (required): **1250-049LX**

Phone, Fax or Email (required):

3. To (Receiver)

Company name: **ERIS BANKRUPTCY SOLUTIONS, LLC**

Address: **757 THIRD AVENUE, 3RD FLOOR**

NEW YORK

ATTN: **LEI-MAN BROTHERS**

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10037**

Country: **USA**

Contact person:

Phone, Fax or Email (required):

4. Shipment details

Total number of packages: **1**

Total Weight: **1.0**

Pieces: **1**

Dimensions in cm: Length **1** Width **1** Height **1**

5. Services

Domestic ☐ International ☐ Express ☐ Economy ☐ Special ☐ Other ☐

6. Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial Invoice.

Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs: **1000.00**

Harmonised Commodity Code (if applicable):

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

7. Shipper's Signature (Signature required)

Signature: **Carla Mattioli**

Date: **29.10.09**

8. Charges

Services: **Express**

Other: **Special**

Insurance: **Basic**

VAT: **None**

CURRENCY: **USD**

TOTAL: **1000.00**

TRANSPORT COLLECT STICKER No.

Picked up by: **USA**

Route No.:

Time:

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP)

0000057681



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Jerónimo Martins
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009105 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Jose Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5).

A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



S. R.

PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country Estados Unidos da América



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of **BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A.**, a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **1009 000859380**

POST/ZIP CODE:

DESTINATION: OR

DOX **DHL** **EXPRESS** **Origin LIS**

10017 New York, United States

U522 ZYP-TSS

Date: **1/1**

Rel code NA

Content description:

WAYBIL598038411

(2) US 10017 + 42000000

(J) 1001 3039 8545 8000 8222

BEL HERE
Sort Collect (label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT AWB No: **598 0836 411**

ORIGIN: **US** DESTINATION CODE: **240**

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Check ☐ Credit Card

Payer Account No.:

Shipment Insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: **307511177** Contact name:

Company name: **BPI GESTAO DE ACTIVOS**

Address: **RUA BRAAMCAMP, 31-6**

1250-049 LISBOA

Postcode/Zip Code (required): **1250-049 LX** Phone, Fax or E-mail (required):

3 To (Receiver)

Company name: **ERIS BANKRUPTCY SOLUTIONS, LLC**

Address: **757 THIRD AVENUE, 3RD FLOOR**

NEW YORK

ATTN: **LEITMAN BROTHERS**

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10017** Country: **USA**

Contact person: Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: **1** Total Weight: **1.0** kg

Pieces: **1** Dimensions in cm: Length **10** Width **10** Height **10**

5 Full description of contents

Give content and quantity:

6 Non-Document Shipments Only (Customs Receipts)

Attach the original and four copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs: Harmonized Commodity Code if applicable:

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

7 Shipper's agreement (Signature required)

Signature: **Carla Matos** Date: **29.10.09**

8 Services

Domestic ☐ International ☐ Insurance ☐ Non-Domestic ☐ European ☐ Japan ☐

After all services are available to suit from all locations:

☐ Express 9 (10:30 to the USA)

☐ Express 12

☐ Express / Worldwide

☐ Express Envelope

☐ Other:

Optional Services extra charges will apply:

☐ Saturday Delivery ☐ Special Pick-Up

☐ Delivery Notification

☐ Other:

DHL Global Mail

☐ GMB Priority ☐ GMB Standard ☐ Other:

DIMENSIONAL CHARGEABLE WEIGHT

kg **6** gr

CHARGES

Services:

Other:

Insurance:

VAT:

CURRENCY: TOTAL:

TRANSPORT COLLECT STICKER No.:

Picked up by: **TOP**

Route No.:

Time:

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 18 2º - 1199-069 Lisboa, Portugal n.º P.E. 506/31993 C.R.C. Matr. n.º 57.701 Capital Social 3.068.320,03 Euro

PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057683



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Portucel
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: **\$100,000.00** (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): **XS0242448578** (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009109 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number, if different from the notice address above. Attach copy of power of attorney, if any.
José Veiga Sarmiento
José Veiga Sarmiento (Director)
Miguel Morais Leitão
Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5).

A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country Estados Unidos da América



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CP121009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: XYZ

ORIGIN: LIS

DOX

10017 New York, United States

U522 ZYP-TSS

Day Time

Shipment Weight: 1/1

Content description:

WAYBILL 5980836411

(2) 0810017 + 42000000

JJD01 3039 8549 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT AIR WAYBILL (When registered)

598 0836 411

ORIGIN: LIS

DESTINATION CODE: 249

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

Shipment insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: 307511177

Contact name

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: BPI GESTAO DE ACTIVOS

Address: RUA BRAAMCAMP, 11-6

1250-049 LISBOA

Postcode/Zip Code (required): 1250-049LX

Phone, Fax or E-mail (required)

3 To (Receiver)

ERIS BANKRUPTCY SOLUTIONS, LLC

757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEHMAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): NEW YORK 10017

Country: USA

Contact person

Phone, Fax or E-mail (required)

4 Shipment details

Total number of packages: 1

Total Weight: 1.0 kg

Pieces: 1

Dimensions in cm: Length x Width x Height

5 Full description of contents

Give content and quantity

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number

Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (see on commercial/proforma invoice)

Harmonised Commodity Code if applicable

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

7 Shipper's Signature (Signature required)

Signature: [Signature]

Date: 29.10.09

8 Services

Domestic ☐ International ☐ International Non Document ☐ Express ☐ Express 12 ☐ Express / Worldwide ☐ Express Envelope ☐ Other

General Services charges may apply

☐ Saturday Delivery ☐ Special Pick-Up ☐ Delivery Notification ☒ Day

DHL Global Mail ☐ CMB Priority ☐ CMB Standard ☐ Other

9 DIMENSIONAL CHARGEABLE WEIGHT

kg

10 CHARGES

Services

Other

Insurance

VAT

CURRENCY: TOTAL

TRANSPORT COLLECT STICKER No.

Picked up by: [Signature]

Route No.

Time

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2º - 1199-009 Lisboa, Portugal n.º P.C. 500731993 C.N.C. Mass n.º 57701 Capital Social 3.086.328,03 Euro PT09/08 F19 PT MP

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057684



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Sanofi-Aventis
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009094 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

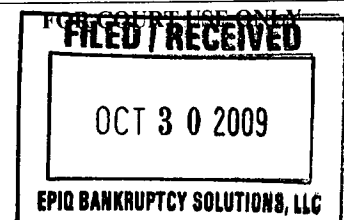
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)



INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPI 721009 000859380** POST/ZIP CODE:

DESTINATION: OR

Product: **XYZ**

Destination: **XYZ**

Rel code: **NA**

Origin: **LIS**

Day Time

Date: **11/11**

Shipment Weight: **111**

Content description:

Waybill: **5980836411**

Waybill: **(2) US 10017 + 42000000**

Waybill: **(3) J001 3039 8545 8000 8222**

BEL HERE (not Collect label!)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT AIR WAYBILL (Non negotiable)

598 0836 411

ORIGIN: **US** DESTINATION CODE: **240**

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

Shipment insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: **307513177** Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: **BFI GESTAO DE ACTIVOS**

Address: **RUA BAAAMCAMP, 31-6**

1250-049 LISBOA

Postcode/Zip Code (required): **1250-049** Phone, Fax or E-mail (required):

3 To (Receiver)

Company name: **EPIS BANKRUPTCY SOLUTIONS, LLC**

757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEHNAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10017** Country: **USA**

Contact person: Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: **1** Total Weight: **1.0**

Pieces: **1** Dimensions in cm: Length: **1** Width: **1** Height: **1**

5 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial Invoice.

Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs: Harmonised Commodity Code (if applicable):

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

6 Shipper's agreement (Signature required)

Signature: **Lucia Mattioli** Date: **29.10.09**

7 Services

Domestic: ☐ International: ☐ International Document: ☐ European: ☐ Other: ☐

8 CHARGES

Services: **Other**

Insurance: **VAT**

CURRENCY: **TOTAL**

TRANSPORT COLLECT STICKER No.

Picked up by: **TOP**

Route No.: **TOP**

Time: **TOP**

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2º - 1199-000 Lisboa, Portugal n.º P.C. 500731993 - C.R.C. Alva n.º 57.701 Capital Social 3.086.328,00 Euro

PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057686



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões ENVC
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009104 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sacramento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.ª/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: CPI 372 1009 000859380

POST/ZIP CODE:

DESTINATION:
OR

DOX - DHL
10017 New York, United States
U522 ZYP - TSS

Content description:

Waybill: 3980836411
24J08 10017 + 4200000
J3D01 3038 8545 8000 8222

REL code MA

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT AIR WAYBILL 598 0836 411

1. Payer account number and insurance details
Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party
Payer Account No.: 307511177
Shipment Insurance see reverse
☐ Yes ☐ No (Not all permanent options are available in all countries)

2. From (Shipper)
Shipper's account number: 307511177
Contact name: EPIS BANKRUPTCY SOLUTIONS, LLC
Address: 757 THIRD AVENUE, 3RD FLOOR
NEW YORK
Postcode/Zip Code (required): 10017
Phone, Fax or E-mail (required): ATTN: LEHMAN BROTHERS HOLDING CLAIMS PROCESSING

3. To (Receiver)
Company name: EPIS BANKRUPTCY SOLUTIONS, LLC
Address: 757 THIRD AVENUE, 3RD FLOOR
NEW YORK
Postcode/Zip Code (required): 10017
Country: USA
Contact person: LEHMAN BROTHERS
Phone, Fax or E-mail (required): ATTN: LEHMAN BROTHERS HOLDING CLAIMS PROCESSING

4. Shipment details
Total number of packages: 1
Total Weight: 1.0 kg
Dimensions in cm: Length 10 Width 10 Height 10

5. Full description of contents
Give content and quantity: RECEIVED OCT 30 2008

6. Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial Invoice
Shipper's VAT/GST number: RECEIVER'S VAT/GST or Shipper's EIN/SSN
Declared Value for Customs (as on commercial/proforma invoice): RECEIVER'S VAT/GST or Shipper's EIN/SSN
Harmonised Commodity Code (if applicable): RECEIVER'S VAT/GST or Shipper's EIN/SSN
TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other (specify account number)

7. Shipper's agreement (Signature required)
I, LEHMAN BROTHERS, agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between myself and DHL and I/ my Terms and Conditions and, where applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and I/ this shipment does not contain cash or dangerous goods (see reverse)
Signature: LEHMAN BROTHERS Date: 29.10.09

8. Services
☐ Domestic ☐ International ☐ Non-Document ☐ Urgent
How all Services are available to end users of business:
☐ Express 9 (10:30 to the USA)
☐ Express 12
☐ Express Worldwide
☐ Express Envelope
☐ Other
Customer Services charges may apply:
☐ Saturday Delivery ☐ Special Pick-Up
☐ Delivery Modification
DHL Global Mail
☐ DHL Priority ☐ DHL Standard ☐ Courier
DIMENSIONAL CHANGEABLE WEIGHT
kg * gr
CHARGES
Services
Other
Insurance
VAT
CURRENCY TOTAL
TRANSPORT COLLECT STICKER No.

9. Consignee / Parcel copy
Picked up by: LEHMAN BROTHERS
Route No.: LEHMAN BROTHERS
Time: LEHMAN BROTHERS

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2º - 1155-009 Lisboa, Portugal P.F.C. 50031899 - C.R.L. Mãe n.º 57301 Capital Social 3.080.328,03 Euro
PT0909 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057688



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Epal
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$320,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6052404 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

93798 (Required)

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Meiga Sarmento
José Meiga Sarmento (Director)

Miguel Morais Leitão
Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CP1 121009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: XYZ
DESTINATION: XYZ

DHL
DOX
10017 New York, United States
ZYP - TSS
U522

Origin: LIS
Day Time
Shipment Weight: 11
Date: 11
Content description:
Rel code: NA

WAB11368086411
(2)US10017 + 42000000
(J)D01 3039 8549 8000 8222

BEL HERE
Sort Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

SHIPMENT AIR WAYBILL

598 0836 411

NEW ORIGIN: 249

DESTINATION CODE: 249

1 Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No.:

Shipment Insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: 307512177

Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice):

Company name: BFI GASTAO DE ACTIVOS

Address: RUA BRAAMCAMP, 11-6

1250-049 LISBOA

1250-049LX

3 To (Receiver)

Company name: ERIS BANKRUPTCY SOLUTIONS, LLC

Address: 757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEITHMAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): NEW YORK 10037

Country: USA

Contact person:

Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: 1

Total Weight: 11.0

Dimensions in cm: Length x Width x Height

5 Non-Document Shipments Only (Customs Requirements)

Shipper's VAT/GST number:

Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs:

Harmonized Commodity Code is applicable:

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

6 Shipper's Signature (Signature required)

Signature: [Signature]

Date: 28.10.09

7 Services

Domestic: ☐ International: ☐ International Non-Document: ☐ Express: ☐ Express 12: ☐ Express / Worldwide: ☐ Express Envelope: ☐ Other: ☐

8 DIMENSIONAL CHANGABLE WEIGHT

kg: 11.0

9 CHARGES

Services: ☐ Insurance: ☐ VAT: ☐

CURRENCY: TOTAL:

TRANSPORT COLLECT STICKER No.:

Picked up by: [Signature]

Route No.:

Time:

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al., Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP)

0000057690



NLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Grupo Gás de Portugal
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$170,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009096 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date: 06/10/2009
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmiento (Director)

Miguel Morais Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

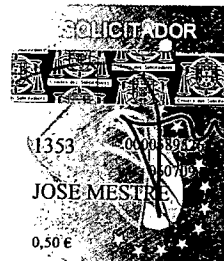


TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CP1 721009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: **XYZ**

DESTINATION: **XYZ**

DHL

DOX

Origin: **LIS**

10017 New York, United States

ZYP - TSS

U522

Day Time

Pieces: **1/1**

Shipment Weight:

Date:

Content description:

Waybill: **WAYBILL 5980836411**

(2L) 0810017 + 42000000

(J) 001 3038 8545 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill (Non-registered)

598 0836 411

ORIGIN: **65**

DESTINATION CODE: **248**

1. Payer account number and insurance details

Charge to: ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No.:

Shipment Insurance see reverse

☐ Yes ☐ No

Not all payments are available in all countries.

2. From (Shipper)

Shipper's account number: **307511177**

Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice):

Company name: **BFI GESTAO DE ACTIVOS**

Address: **ROA BARRAMCAMP, 31-6**
1250-049 LISBOA
Postcode/Zip Code (required): **1250-049LX** Phone, Fax or E-mail (required):

3. To (Receiver)

Company name: **EPIS BANKRUPTCY SOLUTIONS, LLC**

Address: **757 THIRD AVENUE, 3RD FLOOR**
NEW YORK
ATTN: LEHMAN BROTHERS
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10037** Country: **USA**

Contact person: Phone, Fax or E-mail (required):

4. Shipment details

Total number of packages: **1** Total Weight: **1.0** Pieces: **1** Dimensions in cm: Length **x** Width **x** Height **x**

5. Non-Document Shipments Only (Customs Requirements)

Attach the original and four copies of a Proforma or Commercial Invoice.

Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs: (see on commercial/proforma invoice) Harmonised Commodity Code (if applicable):

TYPE OF EXPORT: ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes: ☐ Receiver ☐ Shipper ☐ Other

6. Shipper's signature (Signature required)

Signature: **Lehman Brothers** Date: **29.10.09**

7. Services

Domestic ☐ International ☐ Express ☐ Economy ☐ Next Business Day ☐ Other

See all Services are available to and from all countries.

Express 9 (10.30 in the USA)

Express 12

Express / Worldwide

Express Worldwide

Other

Domestic Services to be charged may apply:

Saturday Delivery ☐ Special Pick-Up ☐ Delivery Notification ☐ Other

DHL Global Mail ☐ DHL Priority ☐ DHL Standard ☐ DHL Express

8. DIMENSIONAL CHARGEABLE (kg/m³)

kg **6** m³ **0**

9. CHARGES

Services: **Other**

Insurance: **VAT**

CURRENCY: **TOTAL**

TRANSPORT COLLECT STICKER No.

Picked up by: **TOP**

Route No.: **TOP**

Time: **TOP**

DHL Express Portugal, Lda Rua Cidade de Liverpool, 16 2 - 1199-009 Lisboa, Portugal P.C. 506731993 C.R.C. Mass n.º 57701 Capital Social 3.086.328,00 Euro

PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057691



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Gestnave
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009102 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

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INFORMATION

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CP1 721009 000859380**

POST/ZIP CODE:

DESTINATION: OR

DOX **DHL** **US**

10017 New York, United States

U522 ZYP - TSS

Date: **1/1**

Shipment Weight: **1/1**

Content description:

WAYBILL 5980836411

(2) 0810017 + 42000000

(J) 001 3038 8645 8000 8222

BEL HERE (not Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill (Non negotiable)

598 0836 411

1 Payer account number and insurance details

Charge to ☒ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No.

Shipment Insurance see reverse

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: **307511177**

Contact name

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: **BPI Gestao de Activos**

Address: **RUA. BRAAMCAMP, 11-6**

1250-049 LISBOA

Postcode/Zip Code (required): **1250-049**

Phone, Fax or E-mail (required)

3 To (Receiver)

Company name: **EPIS BANKRUPTCY SOLUTIONS, LLC**

Address: **757 THIRD AVENUE, 3RD FLOOR**

NEW YORK

ATTN: **LEI+MAN BROTHERS**

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): **NEW YORK 10037**

Country: **USA**

Contact person

Phone, Fax or E-mail (required)

4 Shipment details

Total number of packages: **1**

Total Weight: **1.0**

Dimensions in cm: Length **1** Width **1** Height **1**

5 Full description of contents

6 Services

☐ Domestic ☐ International ☐ Express ☐ Special Pick-Up

☐ Express 9 (10:30 to the USA)

☐ Express 12

☐ Express Worldwide

☐ Express Envelope

☐ Other

7 Non-Document Shipments Only (Customs Requirements)

Attach the original and four copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number

Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (see on commercial invoice)

Harmonized Commodity Code if applicable

TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other

8 Shipper's agreement (Signature required)

Signature: **Carla Mattioni** Date: **29.10.09**


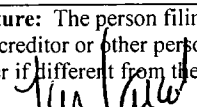
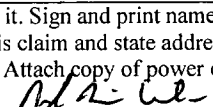
9 Consignee / Parcel copy

Picked up by: **[Signature]**

Route No.

Time

TOP

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000057629 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Fundo de Pensões do Banco do Brasil Rua Braamcamp, N.º 11, 7.º 1250-049 Lisboa PORTUGAL Telephone number: +351 213111010 Email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) Telephone number: Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$40,000.00 (Required) <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): XS0242448578 (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: 6009103 (Required)			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: 96942 (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY FILED / RECEIVED OCT 30 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC	
Date: 06/10/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  José Xaíga Sarmiento (Director)  Miguel Morais Leitão (Director)		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5).

A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

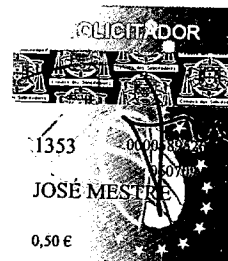


TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmiento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT/AWB No: **DPL T21009 000859380**

POST/ZIP CODE:

DESTINATION: OR

PRODUCT: ZYX
EXTENSION: XYZ
DHL

DOX
Origin: LIS
10017 New York, United States
ZYP-TSS
U522
Date: 1/1
Shipment Weight: 1/1
Rel code: MA

Content description:

WABILL 38808641
(2) U810017 + 42000000
(J) D01 3038 8545 8000 8222

BEL HERE
Port Collect (label)

DHL Express
Track this shipment via the DHL Web Site: <http://www.dhl.com>
Shipment Air Waybill
598 0836 411

1 Payer account number and insurance details
Charge to ☒ Shipper ☐ Receiver ☐ 3rd party
Payer Account No. _____
Shipment Insurance see reverse
☐ Yes ☐ No

2 From (Shipper)
Shipper's account number: **307513177**
Contact name: _____
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice): _____

Company name: **BPI Gestão de Ativos**
Address: **Av. Graham Camp, 31-6**
1250-049 Lisboa
Postcode/Zip Code (required): **1250-049L**
(Phone, Fax or E-mail (required))

3 To (Receiver)
EPIS BANKRUPTCY SOLUTIONS, LLC
757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEIHMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): **NEW YORK 10037**
Country: **USA**
Contact person: _____
Phone, Fax or E-mail (required): _____

4 Shipment details
Total number of packages: **1**
Total Weight: **1.0** kg
Dimensions in cm: Length **10**, Width **10**, Height **10**

5 Full description of contents
Give content and quantity: **RECEIVED OCT 30 2008**

6 Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST Number: _____ Receiver's VAT/GST or Shipper's EIN/SSN: _____
Declared Value for Customs (see on commercial/proforma invoice): _____ Harmonised Commodity Code (if applicable): _____
TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other

7 Shipper's agreement (Signature required)
Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between me/us and DHL and I/it both Terms and Conditions and, where applicable, the Warsaw Convention (this and/or excludes DHL's liability for loss, damage or delay and (2) the shipper/consignor consents cash or dangerous goods (see reverse))
Signature: **Carla Mattioni** Date: **29.10.09**

3 Services
Domestic ☐ International ☐ International Document ☐ Express ☐ Express 12 ☐ Express / Worldwide ☐ Express Envelope ☐ Other _____
All services are available in and from all locations
☐ Express 9-110-30 to the USA
☐ Saturday Delivery ☐ Special Pick-Up
☐ Delivery Notification
☐ Other _____
DHL Global Mail ☐ DHL Standard ☐ DHL

CHARGES
Services _____
Other _____
Insurance _____
VAT _____
CURRENCY TOTAL _____
TRANSPORT COLLECT STICKER No. _____

Picked up by: **AS**
Route No. **177**
Time _____

Consignee / Parcel copy
TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2 - 1199-009 Lisboa, Portugal n.º P.C. 500731003 C.R.C. N.º 57.701 Capital Social 3.086.328,03 Euro
PT09/08 F19 PT MP